Effective on 10/01/2008		Complete if Known		
Feer Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4)	318). Application Number	10/576,346		
/ SEE TRANSMITTAL	Filing Date	April 18, 2006		
FEB 2 2 2010 FOR FY 2009	First Named Inventor	PERLY, Bruno		
B PORFI 2009	Examiner Name	Leigh C. Maier		
FOR FY 2009 ADDITION OF PAYMENT (\$) 594.00	Art Unit	1623		
TATEL AMOUNT OF PAYMENT (\$) 594.00	Attorney Docket No.	10404.040.00		
METHOD OF PAYMENT (check all that apply)				

TOTAL AMOUNT OF	ATIVICITI	(\$) 554.00		Attorney	DOCKET NO.	10404.040	
METHOD OF PAYMEN	T (check all that	t apply)					- · · · · · · · · · · · · · · · · · · ·
Check	Credit Care	d Moi	ney Order	None	Other (pleas	se identify):	
Deposit Account	Depo	osit Account Nu	mber: <u>50-0911</u>	Depo	sit Account Nan	ne: McKenna	Long & Aldridge LLP
For the above	e-identified dep	oosit account, th	e Director is he	reby authorized	l to: (check all t	hat apply)	
Charge f	ee(s) indicated	below		Cha	arge fee(s) indic	ated below, ex	cept for the filing fee
	any additional f 7 CFR 1.16 an	ee(s) or underpart	ayments of fee(s) 🔀 Cre	dit any overpay	ments	
WARNING: Information o information and authoriza			it card information	should not be inclu	ided on this form. F	Provide credit card	
FEE CALCULATION							
1. BASIC FILING, SEA	ARCH, AND E	XAMINATION F	EES				
	FILING	FEES	SEARC	H FEES	EXAMINAT		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	<u> </u>
Design	220	110	100	50	140	70	
Plant	220	115	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
2. EXCESS CLAIM FE Fee Description Each claim over 2 Each independent	0 (including Re claim over 3 (i		ies)				Small Entity Fee (\$) Fee (\$) 52 26 220 110 390 195
Multiple depender Total Claims	t claims Extra Claim	s Fee (\$)	Fee	Paid (\$)		Multiple [Dependent Claims
	P = 0					Fee (\$)	Fee Paid (\$)
HP = highest number						0	<u> </u>
Indep. Claims	Extra Claim	. •	Fee	Paid (\$)			
HP = highest number	of independent of	laims paid for, if g	reater than 3.				
3. APPLICATION SIZE	E FEE						
If the specification ar additional 50 sheets Total Sheets	nd drawings ex or fraction ther Extra Sheets	eof. See 35 U.S	S.C. 41 (a)(1)(C each additional	6) and 37 CFR 1 50 or fraction the	l.16(s). ereof	(\$135 for sma	
4. OTHER FEE(S)	=	_/50 =0	(round	up to a whole hull	iber) X		Fees Paid (\$)
Non-English Specific	ation, \$130 fee	e (no small entity	discount)				
Other (e.g., late filing surcharge): Petition for Extension of Time (2 months)							\$490.00
Excess Claims (two new dependent claims)						\$104.00	
				7/			
SUBMITTED BY		- 1	/ /				

SUBMITTED BY	2 .01 -	0//		
Signature	W/all		Registration No. (Attorney/Agent) 33,829	Telephone (202) 496-7500
Name (Print/Type)	Matthew T. Bailey			Date February 22, 2010